

Supplemental Application - Schedule C

Name of applicant				Telephones: (801) 297-6800 1-888-251-9555			Fax (801) 297-6899			License year		Fleet		Account number <b>UT-</b>				<b>Circle one</b> MAR 31 JUN 30 SEPT 30 DEC 31			
Business street address (where records are kept - must be a Utah address)				Mailing street address						Person to contact regarding application				Telephone number							
City		County		State <b>UT</b>		ZIP code		City		State		ZIP code		City		State					
Type of operation (check the ONE that applies) <input type="checkbox"/> Common Carrier <input type="checkbox"/> Contract Carrier <input type="checkbox"/> Private Carrier <input type="checkbox"/> Rental Company <input type="checkbox"/> Utah Exempt <input type="checkbox"/> Property Tax Exempt Organization										<input type="checkbox"/> Previously authorized in another jurisdiction				U. S. DOT number				Do you currently have Wyoming intrastate operating authority? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Registered Weights (list on this schedule only the units that will operate at the same weight in the IRP jurisdictions)																											
AB	AK	AL	AR	AZ	BC	CA	CO	CT	DC	DE	FL	GA	HI	IA	ID												
IL	IN	KS	KY	LA	MA	MB	MD	ME	MI	MN	MO	MS	MT	MX	NB												
NC	ND	NE	NF	NH	NJ	NM	NS	NT	NV	NY	OH	OK	ON	OR	PA												
RI	PR	PQ	SC	SD	SK	TN	TX	UT	VA	VT	WA	WI	WV	WY	YT												
Equipment number	Vehicle Identification number				Type	Make	Year	Fuel	Unladen weight	Declared combined gross weight	Axles/ Seats	Name of owner		Date of purchase	Purchase price	Factory price	Less than 10K/miles	Plate	Title	Temp.	License plate number	USDOT number	Property tax 1 yr.	2 yr.	Y/N **	Dealer name or previous license number year	Verified by

<b>Deletions</b>			<b>** Will the control and responsibility for the safety of this vehicle be assigned to a different Motor Carrier during the registration year by lease?</b> <input type="checkbox"/>														
Equipment number	Plate	VIN	My signature below acknowledges that I understand and will comply with the reporting, payment, record keeping, and license display requirements as specified in the International Registration Plan. I understand that failure to comply with the provisions, shall be grounds for revocation of my registrations in all member jurisdictions. Under penalty of law, I certify, under the penalties of perjury, that the information herein is true, correct, and complete.  <b>Utah Special Fuel/IFTA:</b> I hereby certify that I have qualified with the Utah State Tax Commission and that I will make reports as required, under the federal identification number listed on this form.											<b>JURISDICTION USE ONLY</b>  HVUT verified _____  I/M verified _____			
			Insurance company name					Policy number			Federal identification number						
			Signature									Date signed					